

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09 / 674304

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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TOTAL IND.	/					
TOTAL DEP.	17	↔		↔		↔
TOTAL CLAIMS	18	↔	↔	↔	↔	↔

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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100								
TOTAL IND.				↔			↔	
TOTAL DEP.				↔			↔	
TOTAL CLAIMS				↔			↔	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS